FORM D SEP 1 7 2007 SECU

UNITED STATES
2007 SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

14/27/3

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden
hours per response......16.00

SEC USE ONLY						
Prefix		Scrial				
DAT	E RECEI	VED				

Name of Offering ( check if this is an amendment and name has changed, and indicate						
Limited Liability Company Interests in Commonfund Multi-Strategy Equity Investors, LLC						
Filing Under (Check box(es) that apply): 🗌 Rule 504 🔲 Rule 505 🔯 Rule 506 🔲 Se	ction 4(6) ULOE PROCESSED					
Type of Filing: New Filing Amendment						
A. BASIC IDENTIFICA	ATION DATA VIII OF 0 4 0000					
Enter the information requested about the issuer	MI SEP 2 1 2007					
Name of Issuer ( check if this is an amendment and name has changed, and indicate ch	ange.)					
Commonfund Multi-Strategy Equity Investors, LLC	HOMSON					
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (including Assacratic					
c/o Commonfund Asset Management Company, Inc.	Ę.					
15 Old Danbury Road	(203) 563-5000					
P.O. Box 812						
Wilton, CT 06897						
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)					
(if different from Executive Offices)						
Brief Description of Business						
Private Investment Fund						
Type of Business Organization						
corporation limited partnership, already formed	_					
business trust	☑ other (please specify): Limited Liability Company					
ctual or Estimated Date of Incorporation or Organization:    Month   Year						
furisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:						
CN for Canada; FN for other fore						

## GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5/91)



	· · · · · · · · · · · · · · · · · · ·	A. BASIC II	DENTIFICATION DATA		
X Each beneficial or of the issuer; X Each executive of	the issuer, if the wner having the ficer and directo	e issuer has been organize power to vote or dispose	ed within the past five years; e, or direct the vote or disposition d of corporate general and mana		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer of the Managing Member	☑Director of the Managing Member	General and/or Managing Partner
Full Name (Last name first, Hutton, Lyn	if individual)	·		V .V	
Business or Residence Addi	ress (Number ar	nd Street, City, State, Zip	Code)		
c/o Commonfund Asset Mana	gement Compan	y, Inc., 15 Old Danbury R	oad, P.O. Box 812, Wilton, CT 06	897	
Check Box(es) that Apply:		Beneficial Owner	Executive Officer of the Managing Member	☑Director of the Managing Member	General and/or Managing Partner
Full Name (Last name first, Strauss, Michael H.	if individual)				
Business or Residence Addi	ress (Number ar	nd Street, City, State, Zip	Code)	<del></del>	· · · · · · · · · · · · · · · · · · ·
c/o Commonfund Asset Mana	igement Compan	y, Inc., 15 Old Danbury R	load, P.O. Box 812, Wilton, CT 06	897	
Check Box(es) that Apply:		Beneficial Owner	☐Executive Officer of the Managing Member	☑Director of the Managing Member	General and/or Managing Partner
Full Name (Last name first, Long, Jeffrey T.	if individual)				
Business or Residence Add	ress (Number ar	nd Street, City, State, Zip	Code)		
c/o Commonfund Asset Mana	igement Compan	y, Inc., 15 Old Danbury R	toad, P.O. Box 812, Wilton, CT 06	897	
Check Box(es) that Apply:		☐Beneficial Owner	☐Executive Officer of the Managing Member	☑Director of the Managing Member	General and/or Managing Partner
Full Name (Last name first, Beaudreault, MaryEllen	if individual)				
Business or Residence Add	ress (Number ar	nd Street, City, State, Zip	Code) load, P.O. Box 812, Wilton, CT 06	897	
Check Box(es) that Apply:		Beneficial Owner	Executive Officer of the Managing Member	☑Director of the Managing Member	General and/or Managing Partner
Full Name (Last name first, De Monico, A. Nicholas	if individual)				
Business or Residence Add	ress (Number ar	nd Street, City, State, Zip	Code)	···	
c/o Commonfund Asset Mana	igement Compan	ıy, Inc., 15 Old Danbury R	load, P.O. Box 812, Wilton, CT 06	897	
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	☐Executive Officer of the Managing Member	☑Director of the Managing Member	☐General and/or Managing Partner
Full Name (Last name first, Sedlacek, Verne O.					
Business or Residence Add	ress (Number ar agement Compar	nd Street, City, State, Zip ny, Inc., 15 Old Danbury R	Code) load, P.O. Box 812, Wilton, CT 06		
Check Box(es) that Apply:		☐Beneficial Owner	Executive Officer of the Managing Member	☑Director of the Managing Member	☐General and/or Managing Partner
Full Name (Last name first, Gardiner Jr. Arthur Z.,	if individual)				
Business or Residence Add			Code) load, P.O. Box 812, Wilton, CT 06	897	
Check Box(es) that Apply:		Beneficial Owner	⊠Executive Officer of the Managing Member	Director of the Managing Member	General and/or Managing Partner
Full Name (Last name first, Auchincloss, John W.	if individual)	<u> </u>	or me managing mondet		
Business or Residence Add	ress (Number ar	nd Street, City, State, Zip ny, Inc., 15 Old Danbury R	Code) load, P.O. Box 812, Wilton, CT 06	897	

Check Box(es) that Apply:	Promoter	Beneficial Owner	⊠Executive Officer of the Managing Member	Director of the Managing Member	General and/or Managing Partne
Full Name (Last name first, Blanch, Carolyn N.	if individual)				
Business or Residence Addr c/o Commonfund Asset Mana	ess (Number an gement Compan	d Street, City, State, Zip y, Inc., 15 Old Danbury R	Code) load, P.O. Box 812, Wilton, CT 068	197	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer of the Managing Member	Director of the Managing Member	Managing     Member     Member

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

						B. INFOR	CYIA I IO	N ABOU	UFFER	JNG				.,	
1.	Has the	issuer sold	l, or does th	ne issuer int	end to sell,	to non-accr	edited inve	stors in this	offering?.	***************************************			·····	Yes □	No ⊠
					Α	nswer also	in Appendi	ix, Column	2, if filing	under ULO	E.				
2.	2. What is the minimum investment that will be accepted from any individual? *Subject to Management Discretion									\$ 1,000,000*					
3.	3. Does the offering permit joint ownership of a single unit?									Yes	No ⊠				
4.	remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
		st name fir I Securities		dual)											
		esidence Ad 1ry Road,		mber and Si Γ 06897	reet, City,	State, Zip C	ode)	<u> </u>							
Name	of Asso	ciated Brol	cer or Deal	er		<u> </u>	<u> </u>				•		***		
States	in Whic	h Person L	isted Has S	Solicited or	Intends to S	Solicit Purcl	nasers								
	(Check "	'All States"	or check is	ndividual Si	tates)	**********		***********		.,	🛛	All States			
	[AL] (IL) [MT] (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	(CO) (LA) [NM] (UT)	[CT] [ME] [NY] (VT)	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
		st name fir													
Busin	ess or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name	of Asso	ciated Brol	ker or Deal	er											
				Solicited or											
(Chec	k "All S	tates" or ch	eck individ	iual States)		*,					🗆	All States			
	(AL) (IL) (MT) [RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	(CO) (LA) (NM) (VT)	[CT] [ME] [NY] [VT]	(DE) [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full N	Vame (La	ist name fir	rst, if indivi	idual)											
Busin	ess or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	(ode)								
Name	of Asso	ciated Brol	ker or Deal	er											
States	s in Whic	h Person L	isted Has S	Solicited or	Intends to	Solicit Purc	hasers						-		
(Chec	ck "All S	tates" or ch	eck individ	dual States)					***************************************			All States			
	(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	(CO) (LA) (NM) (UT)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI) (MS) (OR) (WY)	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	<del></del>
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	S	S
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	s
	Partnership Interests		\$
	Other (Specify) Limited Liability Company Interests		\$ 99,133,441
	Total		\$ 99,133,441
	Answer also in Appendix, Column 3, if filing under ULOE.		<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	3	\$ 99,133,441
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		S
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		<b>S</b>
	Rule 504		S
	Total		s
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		s
	Legal Fees	☒	\$0
	Accounting Fees		S
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify)		S
	Total	_ ⊠	\$0
	I Vial	5	<u> </u>

	C. OFFERING FRIC	E, NUMBER OF HIT ESTORS, EAR BROKE ALTE	on or recourse	
4.	b. Enter the difference between the aggregate offe expenses furnished in response to Part C - Question issuer."	ring price given in response to Part C - Question 1 and to in 4.a. This difference is the "adjusted gross proceeds to the	otal the	\$ 99,133,441
5.	the purposes shown. If the amount for any purpose	oceeds to the issuer used or proposed to be used for each e is not known, furnish an estimate and check the box to d must equal the adjusted gross proceeds to the issuer se	the	
	•		Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		<u>o</u> s	□ <b>s</b>
	Purchase of real estate		S	□ s
	Purchase, rental or leasing and installation of mac	ninery and equipment		□s
		lities		□s
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset	e of securities involved in this	□ <b>\$</b>	□s
				□s
	• •			□ s
	Other (specify): Investment in portfolio securiti		□ <b>s</b>	☑ \$ 99,133,441
	Column Totals	,,	s	☑ \$ 99,133,441
	Total Payments Listed (column totals added)		× 99,	133,441
		D. FEDERAL SIGNATURE	*-	
n u	issuer has duly caused this notice to be signed by the netraking by the issuer to furnish to the U.S. Secur accredited investor pursuant to paragraph (b)(2) of 1	e undersigned duly authorized person. If this notice is fil ities and Exchange Commission, upon written request of Rule 502.	led under Rule 505, the follow its staff, the information furni	ing signature constitutes shed by the issuer to any
Iss	uer (Print or Type) ommonfund Multi –Strategy Equity Investors,	Signature Tohn W. Architeloss	Date September 12, 2007	
	nne of Signer (Print or Type) hn W. Auchincloss	Title of Signer (Print or Type) Secretary of the Managing Member of the Issuer		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

 $\mathbb{END}$